

**AUTHORIZATION TO GIVE MEDICATION  
CHILD CARE FACILITIES  
(MODEL FORM)**

Standards for Licensed Child Day Centers and Minimum Standards for Licensed Family Day Homes require that prescription and nonprescription medicine (including vitamins, sunscreen, diaper ointment, insect repellent and aspirin) may be given to a child only with the parent's or guardian's written consent.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ has my permission to administer the following medicine:  
(Name of Day Care Provider)

Medicine Name and/or Prescription Number: \_\_\_\_\_

Dosage and Times to be Given: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Special Instructions (if any): \_\_\_\_\_

This authorization is effective until: \_\_\_\_\_ (for child day centers, the effective period must not exceed ten work days, unless otherwise prescribed by the child's physician).

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

If a medicine (prescription or nonprescription) is administered longer than 10 work days, the center regulation requires written authorization from the child's physician and parent or guardian. If authorization from the child's physician is not obtained, the written authorization from the parent or guardian must be renewed every 10 work days. The following can be completed for the use of long-term medication.

I certify that, in my opinion, it is medically necessary that the medicine described below be administered to \_\_\_\_\_ during center hours and that this medicine may be administered by center staff.

Medicine Name: \_\_\_\_\_

Dosage and Times to be Given: \_\_\_\_\_

Duration: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_